

1. CIR./DIST./DIV. CODE TNW		2. PERSON REPRESENTED Wortham, Michael		VOUCHER NUMBER																																																																																																													
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 2:05-020277-002 - 0		5. APPEALS DKT./DEF. NUMBER																																																																																																													
7. IN CASE/MATTER OF (Case Name) U.S. v. Wortham		8. PAYMENT CATEGORY Felony		9. TYPE PERSON REPRESENTED Adult Defendant																																																																																																													
				6. OTHER DKT. NUMBER FILED BY <u>AA</u> D.O. 05 SEP 26 AM 11:19 Criminal Case																																																																																																													
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 641.F -- PUBLIC MONEY, PROPERTY OR RECORDS																																																																																																																	
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS FLOYD, MICHAEL 2129 WINCHESTER RD MEMPHIS TN 38116 Telephone Number: (901) 345-8009			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input checked="" type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See instructions) _____ Signature of Presiding Judicial Officer or By Order of the Court Date of Order: 09/14/2005 Name Pro Tunc Date: _____ Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																														
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)																																																																																																																	
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19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION																																																																																																												
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____																																																																																																																	
23. IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL EXPENSES 26. OTHER EXPENSES 27. TOTAL AMT. APPR / CERT																																																																																																																	
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE		28a. JUDGE / MAG. JUDGE CODE																																																																																																												
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34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE		34a. JUDGE CODE																																																																																																												

This document entered on the docket sheet in compliance
with Rule 55 and/or 32(b) FRCP on 9/26/05

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Notice of Distribution

This notice confirms a copy of the document docketed as number 42 in case 2:05-CR-20277 was distributed by fax, mail, or direct printing on September 26, 2005 to the parties listed.

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Honorable Bernice Donald
US DISTRICT COURT